

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	09/066383		FILING DATE		
						APPLICANT(S)					
CLAIMS											
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	52	53	54	55
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
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50											
TOTAL IND.			1		2						
TOTAL DEP.				12							
TOTAL CLAIMS				14							